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To:	USPTO Examiner Chhaya SAYALA Art Unit 1761	From:	Claire Wygand for Cathy R. Moore Phone: (704) 365-4881 Fax: (704) 365-4851
Fax:	(703) 872-9306	Pages:	15 pages total Transmittal facsimile cover sheet (1 page) 2-month extension of time (1 page) Fee Sheet (1 page) POA (1 page) Amendment (11 pages)
Phone:		Date:	December 3, 2004
Re:	Application No. 10/057,212; Filed 1/24/02 Our Ref.: 01/016 NUT Response to Office Action dated 7/29/04	CC:	RECEIVED CENTRAL FAX CENTER

DEC 03 2004

Dear Examiner Sayala,

Attached are the documents as indicated above.

Respectfully submitted,

Claire Wygand
Claire Wygand

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 430.00)

Complete if Known

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METHOD OF PAYMENT (check all that apply)						FEE CALCULATION (continued)						
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None								
<input checked="" type="checkbox"/> Deposit Account:												
Deposit Account Number	50-2193											
Deposit Account Name	PROPAT, LLC											
The Director is authorized to: (check all that apply)												
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments										
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)												
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.												
FEE CALCULATION												
1. BASIC FILING FEE												
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid						
1001	770	2001	385		Utility filing fee							
1002	340	2002	170		Design filing fee							
1003	530	2003	265		Plant filing fee							
1004	770	2004	385		Release filing fee							
1005	160	2005	80		Provisional filing fee							
SUBTOTAL (1) (\$)												
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE												
Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid						
Total Claims		-20** =		X	Fee from below							
Independent Claims		-3** =		X								
Multiple Dependant												
SUBTOTAL (2) (\$)												
*or number previously paid, if greater; For Reissues, see above												
Other fee (specify) _____												
*Reduced by Basic Filing Fee Paid												
						SUBTOTAL (3) (\$ 430.00)						

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Cathy R. Moore	Registration No. (Attorney/Agent)	45,764	Telephone	704 365-4881
Signature				Date	12/3/2004

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